PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Re	eduction Act of 1995	, no person are required	o respond to a collec	respond to a collection of information unless it displays a valid OMB control number.				
Effe		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/627,867-Conf. #3629			
FEE TRANSMITTAL			Filing Date		July 28, 2003			
Fo	First Named I		Henri HANNULA					
			Examiner Name J. Cheng					
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,120.00			Art Unit					
TOTAL AMOUNT OF PAY	Attorney Dock	Attorney Docket No. 0365-0568P						
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
•	•		EARCH FEES	EXAMIN	ATION FEES			
Application Type	Foo (\$)	Small Entity	Small Entit		Small Entity	F 5	-:- (6)	
Application Type Utility	<u>Fee (\$)</u> 300	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees P	aid (\$)	
ľ				200	100			
Design	200	100 10		130	65			
Plant	200	100 30		160	80			
Reissue	300	150 50		600	300			
Provisional	200	100	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						Fee (\$)		
Each independent claim over 3 (including Reissues)						50	25	
Multiple dependent claims						200 360	100 180	
			Paid (\$)	aid (\$) Multiple Dependen			100	
-= X =			τ αια (ψ)		* * * * * * * * * * * * * * * * * * * *	ee Paid (\$)	
HP = highest number of total		reater than 20.					_	
Indep. Claims Ext	tra Claims F	ee (\$) Fee	Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1252 Extension for response within second month							790.00 330.00*	
SUBMITTED BY								
Signature	/\\ \	C. H.	Registration No.	28,380	Telephone	(703) 205	5-8000	
T //	M Slattery	- Marian	(Attorney/Agent)		Date	August 13, 2007		

^{*) \$120.00} paid with Reply AF filed 6/18/2007